

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATING SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/522294

FILING DATE

APPLICANT(S)

09/522294

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1														
2							51							
3							52							
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46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.							100							
TOTAL DEP.							TOTAL IND.							
TOTAL CLAIMS							TOTAL DEP.							
							TOTAL CLAIMS							